

Case Number:	CM15-0166639		
Date Assigned:	09/04/2015	Date of Injury:	06/22/2000
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old male who sustained an industrial injury on 06-22-2000. Diagnoses include depressive disorder not otherwise specified, pain disorder and low back pain. Treatment to date has included medication, psychiatric care and psychotherapy. According to the progress notes dated 6-19-2015, the IW (injured worker) reported pain in the neck and lower back; pain in the knee and right shoulder, extending down to the hand; and numbness in the left fingers. He stated he was just diagnosed with diabetes and high cholesterol. He reported feeling more anxious and nervous. He was worried, having trouble sleeping, having nightmares and hearing crickets all the time. He also reported he always felt better after his appointments; talking to his physician helped him relax. He also stated his medications were helping him feel better emotionally and helping him sleep better, now getting about 6 hours of sleep per night. On examination, his attention was improved; he had short-term memory problems; his affect was appropriate and mood less irritable; and he was moderately depressed. He was preoccupied with his medical condition deteriorating due to the recent diagnosis of diabetes and high cholesterol. His judgment was fair, reality testing was distorted and he had deficient coping abilities. At his psychiatric appointment on 7-20-2015, the IW reported medications were helping and he felt stable. The provider felt the IW was at his baseline. Medications included Zoloft, Temazepam and Xanax. The treatment plan focused on relapse prevention; the IW was noted to have had a positive response to cognitive behavioral therapy and he reported improved function. A combination of pain management, group psychotherapy and individual psychotherapy with cognitive behavioral therapy was recommended. A request was made for unknown semi-weekly

individual psychotherapy sessions and unknown group therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Unknown semi-weekly individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: a request was made for unknown semi-weekly individual psychotherapy sessions; utilization review did not certify the request of the following rationale: "... The patient was seen weekly for up to 408 sessions to date and should be able to independently maintain those improvements based on what you learned during the 408 sessions. In addition, the patient has apparently not had a reduction in dependency on continued medical treatment in the provider wanted to increase psychotherapy treatment...." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically

significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity the requested treatment was not established by the provided documentation. The MTUS guidelines recommend a course of cognitive behavioral therapy sessions consisting of a maximum of 10 sessions. The Official Disability Guidelines recommend a course of treatment consisting of 13 to 20 sessions maximum. An exception is recommended according to the Official Disability Guidelines that allows up to 50 sessions total for the most severe cases of Major Depressive Disorder or PTSD with evidence of objectively measured functional improvements. At this juncture, the course of treatment received by the patient has exceeded treatment guidelines by a substantial amount. Medical necessity of additional sessions is not established due to session treatment quantity and duration exceeding maximum industrial guidelines. Because the medical necessity is not established the utilization review decision is upheld.

Unknown group psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23

trials. Decision: a request was made for unknown group psychotherapy sessions; utilization review did not certify the request of the following rationale: "... The patient was seen weekly for up to 408 sessions to date and should be able to independently maintain those improvements based on what you learned during the 408 sessions. In addition, the patient has apparently not had a reduction in dependency on continued medical treatment in the provider wanted to increase psychotherapy treatment...." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity the requested treatment was not established by the provided documentation. The MTUS guidelines recommend a course of cognitive behavioral therapy sessions consisting of a maximum of 10 sessions. The Official Disability Guidelines recommend a course of treatment consisting of 13 to 20 sessions maximum. There is an exception that is recommended according to the Official Disability Guidelines that allows up to 50 sessions total for the most severe cases of Major Depressive Disorder or PTSD with evidence of objectively measured functional improvements. At this juncture, the course of treatment received by the patient has exceeded treatment guidelines by a substantial amount. Medical necessity of additional sessions is not established due to session treatment quantity and duration exceeding maximum industrial guidelines. Because the medical necessity is not established, the utilization review decision is upheld.